

Case Number:	CM14-0145898		
Date Assigned:	09/12/2014	Date of Injury:	07/11/2011
Decision Date:	10/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65-year-old male utility foreman sustained an industrial injury on 7/11/11. Injury occurred picking up pallets and plywood and loading on a trailer. Past surgical history was positive for right knee arthroscopy in March 2005. Initial conservative treatment included anti-inflammatory medication, heat, weight loss, and activity modification. Hypertension was reported with the use of anti-inflammatories, which were discontinued. Tylenol was prescribed for pain. A physician report dated 8/25/14 cited progressive right knee medial and lateral pain and swelling over the past year. Ambulation was limited to one or two blocks. He was taking a homeopathic medication for his knee. Injections had not been tried. Physical exam documented slight limp, medial and lateral joint line tenderness, and mild varus deformity with 1+ effusion. Range of motion was 0-120 degrees with crepitus. There was no ligamentous laxity. The diagnosis was severe degenerative arthritis right knee with varus deformity. X-rays showed bone-on-bone articulation medially with osteophytic changes, and degenerative changes of the patellofemoral joint. Non-operative and operative treatment options were discussed. The patient declined any particular treatment and would call if he wanted to proceed. The 8/25/14 right knee x-ray report impression documented tricompartmental severe degenerative joint disease, most notable in the medial compartment with near bone-on-bone apposition. The 9/3/14 utilization review denied the request for total knee replacement as there was no documentation that conservative treatment had been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Total Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Joint Replacement

Decision rationale: The California MTUS does not provide recommendations for total knee replacement. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guidelines criteria have not been met. There is no current documentation of the patient's body mass index. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for a Right Total Knee Replacement is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE CHAPTER- HOSPITAL LENGTH OF STAY

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Inpatient Stay (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE CHAPTER, HOSPITAL LENGTH OF STAY

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.